RAWALPINDI MEDICAL COLLEGE

DEPARTMENT OF MEDICINE
MEDICAL UNIT II
HOLY FAMILY HOSPITAL RAWALPINDI

CLINICAL TRAINING PROGRAM

PROFESSOR MUHAMMAD UMAR

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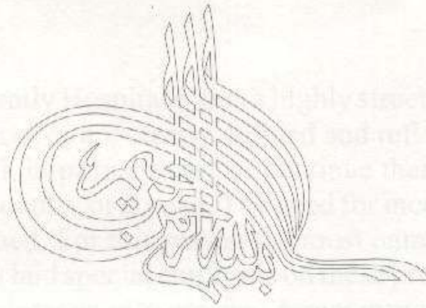

In the name of Allah the most beneficent & merciful

"And if anyone saved a life, it would be as if he saved the life of all mankind"

(Al-Quran)

MISSION STATEMENT

SERVICE: → *For Ailing Humanity, by the well trained doctors using latest knowledge and equipment*

EDUCATION: → *For under Graduate and Post Graduate*

RESEARCH: → *To enhance the medical knowledge and to see the pattern of disease in local perspective*

Message

Dear Doctors

The Medical Department at Holy Family Hospital offers a highly structured and comprehensive program for training of young doctors. Our objectives are clearly defined and reflect the significance of this internship for all those who plan to either work in primary care or continue their postgraduate training and pursue a specialist's career any where in the country or abroad. The need for incorporating the principles of Medicine and its applications is well established. For this reason the most entrance examination to various training programs in the developed countries laid special emphasis on these prospects. It would indeed be a pleasure for us to train young doctors who are interested to pursue a career in medicine, which is fast developing as an attractive career choice for the future and for which there is a promising opportunity for postgraduate training within or outside the country. Finally we hope your experience at Medical Department of Holy Family Hospital will be memorable.

The objectives of Training Program are to help you

1. Recognize Medical Illnesses
2. Initiate treatment of common medical illnesses and emergencies.
3. Apply the clinico-pathological correlation in understanding the etiology and managing the patients
4. Learn about the drugs commonly used in the field of medicine
5. Enhance your intervenient communication skills including
   - Obtaining information from the patients
   - Explaining the diagnosis, investigations and treatment involving the patients in decision making.
   - Communicating with relatives and health care professionals and breaking bad news
   - Seeking informed consent
   - Dealing with difficult situations when patients are aggressive and relatives are emotionally reacting
   - Educating patients and families about drug compliance, modifying life style to promote positive physical and mental health and preventing aspects of various medical Illnesses
6. To polish your abilities in the field of research and medical writing
7. Develop the skills to work in a multidisciplinary team.

Finally I want to thank Dr. Faiz Anwar who worked with me as a postgraduate trainee from 1999 to 2003 for designing these SOPs single handedly and first of this type. I also appreciate the efforts of Prof. Hamama Tul Bushra, Dr. Masood Ahmed, Dr. Muzammil Jamil, Dr. Fazal ur Rehman, Dr. Sohail Bhutta, Dr. Zahid Minhas, Dr. Amir Rizwan and Dr. Rizwan Iqbal for updating the curriculum.

Dr. Mohammad Umar
Professor of Medicine
Medical Unit II
Holy Family Hospital Rwp.
20th September, 2005

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PREFACE TO 1ST EDITION

In an effort to get more organized for patient care, Staff training and more efficient for utilization of available resources these Standard Operating Procedures are being introduced in Medical Unit 11 Holy Family Hospital Rawalpindi,

These are just guideline to follow and can be modified and updated according to need and availability of resources. The recommendations in this document are designed for Medical Unit II but can be applied to other health care units. An effort has been made to make these guide lines practicable and simple.

Many book resources were reviewed including Guidelines set by College of Physicians and Surgeons to prepare these SOPs. For Infection control guidelines by International federation of Infection control have been followed.

Special thanks to Professor Muhammad Umar Head of Medical unit II, who gave the original idea to develop these SOPs and helped through out preparation of this document. Dr. Shahzad Manzoor guided at every step and I wish to thank him for his generous support.

Dr Osama Ishtiaq, Dr. Amir Rizwan, Dr Mansoor Iqbal, Dr Nauman Ishtiaq and Dr Seema Kanwal helped a lot during preparation and editing of these SOP.

I wish to thank staff of Medical Unit II for their cooperation and help.

Comments and suggestions are welcome

Dr. Faiz Anwer
MBBS, MD, FCPS

06th April, 2004

PREFACE TO 2ND EDITION

After successful completion and implementation of 1st edition which was prepared by Dr. Faiz Anwar, an old resident of this unit, now working in USA. 2nd edition is updated.

As CME Program we have reviewed and added one new component which includes detailed training program of House officers and PGT's (Postgraduate Trainees).

We must pay gratitude to Professor Muhammad Umar, Head of the department, for his keen interest in upgrading the teaching standards of medical education and putting more emphasis on practical training for which these guidelines are being reproduced.

We also want to thank Dr. Masood Ahmed Associate Professor, Dr. Fazal ur Rehman Assistant Professor, Dr. Muzammil Jamil Assistant Professor for their effort to improve the curriculum.

We also want to thank Dr. Amir Rizwan, Dr. Rizwan Iqbal, Dr. Shumaila, Dr. Ghazala, Dr. Asma, Dr. Imran, Dr. Wasiq, Dr. Lubna who helped in preparation of SOP's and curriculum.

We also want to thank Mr. Yasir Qayyum, who typed this manuscript and also staff of MU-II, Holy Family Hospital, Rawalpindi.

Dr. Sohail Iqbal Bhutta
MBBS, FCPS

Dr. Zahid Mahmood Minhas
MBBS, MD, PhD
September 20, 2005

SOPs FOR IN-PATIENT CARE

Inpatient: (Male / Female / Officers / ICU Wards)

All shifts should follow strict timings

DAILY NOTES AND EVALUATION

- House officers and residents are primarily responsible for writing daily notes on each of their patients

SOAP format should be used for daily notes

- Subjective: What patient says and what nursing staff reports in past 24 events
- Objective: Factual Information/ Vitals / Physical Exam / Lab Results/ Lines and tubes include X Rays and Other studies.
- Assessment and Plan: Usually categorized by problem or organ system in order of importance. Always include Fluids/ Electrolytes/ Nutrition as well as Code status in every note. Also include Discharge planning/ Status and Goals Etc.
- Active Medicines are often listed in side column. Review medications daily. Include day no for Antibiotics and other loading dose medications.
- Every lab result / investigation report should be analyzed carefully and countersigned by House officer / Resident.
- Formulate Active Problem List
- Draw Algorithm of patient's symptoms, where applicable.
- House officers should write in blue and registrars in red.

DRUG REVIEWS

- Drug dosage, side effects and interactions should be checked daily and major points should be noted down in patients' file.

DAILY REVIEWS

- Do IV Lines need to be changed?
- Can IV Medicines be changed to Oral?
- Can you discontinue Foley, NG and IV Cannula?
- Can you advance diet and increase patient's activities?
- Is patient moving his/ her Bowels?
- Are all medicines adjusted for Renal and Hepatic Failure?
- Every lab test or study needs to be followed up.
- When in doubt ask and ask again.

ADMISSIONS

- For new admissions immediately receive patient, check vitals before digging through old records, lab results, old discharge summary and old charts.
- After assessment and patient's physical exam complete admission orders including drug prescription immediately
- For stat orders inform nursing staff immediately or carry out by your self.
- HO's on call should complete notes on History & Physical Examination for all admissions.
- House officer incharge for bed will write his / her initial summary within 24 hours of admission and will complete notes in detail.
- In case of transfer of patient from one bed/ ward to other concerned HO / registrar will write his/ her own summary.

PROCEDURE NOTES

- Procedure should be done with a proper written consent
- Should include Name, Site, Indication. Consent, Sterile prep and anesthesia of Procedure. Description of specimen, or Fluid, what and where they are sent for, with brief clinical notes.
- Inform patient regarding indication, complication and post procedure precautions.
- Never forget pending follow up studies like Post Procedure X-Ray
- If certified in a certain procedure only then trainee will be allowed to perform independently otherwise procedure should be done under-supervision of a senior / certified person.

DISCHARGES

- Keep in mind pending issues and studies.
- Communicate with all involved parties for smooth discharge
- Start discharge planning on admission.
- Make sure patient and family are aware of possible discharge dates so they can arrange schedule and transportation.
- Preferably change IV antibiotics to oral one day before discharge, avoid orders on morning of discharge unless absolutely necessary
- Give clear instructions regarding meds schedule / side effects /precautions and Restrictions on activities/ Travel/ Diet In Urdu/ Local Language. Make sure by repetition that patient can repeat/ recall your instructions.
- Write discharge diagnosis clearly.
- *D/C* summary should include chief complaints and H/O present illness, hospital course, your name/ ward name / Hospital name / DOA & DOD/ principal and secondary diagnosis and procedures.
- Mention Follow-up plan / condition on discharge / attach diet chart if required.

SIGNOUTS

- For on-call batch, out going House officer will give written information about their Patient's Active issues and it should include Name of patient, ward/ bed no. Diagnosis, Active issue or pending

critical labs. Consultations and procedures. Also include certain criteria to act on e.g. Transfuse one unit packed cell if Hct is less than 28.

- CODE Status must be specified.
- Highlight worrisome patients, issue of concern and suggestions to deal with them.

DEATH/EXPIRATIONS

- DNAR (Do not attempt resuscitation) should be decided after discussion with consultant on call,
- On being called to pronounce death you must perform certain steps.
- On arrival to bed site observe for respirations, auscultate for heart sounds palpate for pulse check pupil and corneal reflex.
- Complete death notes on progress sheet and fill death certificate as early as possible

PRE ROUNDS

- For pre-rounds allow 30 min to one hour before Consultant rounds but it depends on your no of patients under your care.
- Get your sign out from Night flat or cross cover team. You must know any major event that happened over night and this will dictate how you spend your time pre-round.
- Try to read relevant text for your patient from pocket handbook or guide before attending rounds.

OCCUPATIONAL RISKS

- Standard barrier nursing and isolation techniques should be employed in cases of patients with infectious communicable diseases.
- These measures include:
    - Gloves
    - Masks
    - Careful needle / sharp object handling
- Prophylaxis in cases of exposure if indicated (e.g. meningococemia)
- In case of mishap / exposure, event should be reported to consultant on call, immediately.

ACCOUNTABILITY

- In case of an incident, a committee of ward consultant will review the entire case in detail and will decide about warning / penalty.

ETHICAL ISSUES

- Best interest of the patient should be watched, in case of conflict or confusion issue should be discussed with consultant on call.

CONFIDENTIALITY OF PATIENT'S DATA

- Patient's record and data should be kept confidential to watch his/her interests and diagnosis / prognosis should not be discussed with attendants without permission of patient / close attendant

PATIENT EDUCATION

- During in-patient stay, every opportunity should be availed to educate patient regarding his illness and management

WARD IN-CHARGE RESIDENT DUTIES

- Maintenance and cleanliness of all ward facilities (Electricity ports/Fans/ Tubes etc).
- Maintenance of Admission and discharge register by HO/ Nurses and Registrar concerned.
- Updating of information board.
- Facilities regarding patient's attendants
- Check crash trolley / Emergency cart and maintenance daily.
- Record and maintenance of all ward items (Stretcher / Wheel chair / Drip set stands/bed with railing / Bed Pans / Bath room maintenance and cleanliness check).In female ward Class room maintenance.

DRESS CODE

- Dressing should be decent. No informal clothing (jeans & T shirts for males), party wears or excessive jewelry (for females) is allowed, during duty hours.
- Every doctor should wear neat & clean overall, with properly displayed ID card or Nameplate.

SOPs FOR EMERGENCY WARD PATIENT CARE

All shifts should follow strict timings.

NOTES AND EVALUATION

- House officers and residents are primarily responsible for managing patients in Emergency during their call day.
- Referred patients should be seen within 10 minutes of referral by CMO. Immediately receive patient, check vitals before digging through old records, lab results, old discharge summary and old charts.
- **SOAP format** should be used for patient notes. Proper documentation of symptoms, Management and diagnosis will be done for every patient. **Serious patients should be immediately seen and resuscitated. Procedure of referral & consultation will proceed side by side. Monitoring notes should be properly maintained including fluids given *and* output of patient.**

ADMISSIONS

- Duty registrar should decide all admission through ER
- After assessment and patient's exam complete admission orders including drug prescription immediately
- For stat labs inform nursing staff immediately or carry out by your self.
- Notes on H&P should be completed before shifting to In-Patient.
- Complete shifting notes before shifting to the ward.
- Para-medic staff should accompany every admitted patient during shifting to the ward In case of serious patient, house officer should accompany.
- Before shifting, inform the ward staff on call.
- If beds are not available in wards, retain patients in ER till arrangement are made; If required discuss with consultant on call or DMS ER.

PROCEDURE NOTES

- Write note for every procedure, which should include Name, Site, Indication, Consent, Sterile prep and anesthesia of procedure. Description of specimen or Fluid and what and where they are sent for with brief clinical notes.
- Inform patient regarding indications, complications and post-procedure precautions.
- Get signatures on informed consent.
- Never forget pending follow up studies like Post-Procedure X-Ray.

DISCHARGES

- No patient should be discharged without being evaluated by the duty registrar.

- Keep in mind pending issues and studies.
- Communicate with all involved parties for smooth discharge.
- Give clear instructions regarding medicines schedule / side effects /precautions and restrictions on activities/travel/diet in Urdu/Local Language Make sure by repetition that patient can repeat/recall your instructions.
- Write **discharge diagnosis** clearly
- Notes should include Chief complaints and H/O Present illness, hospital stay course, your name. Hospital no/principal and secondary diagnosis and Procedures,
- Mention Follow-up plan/condition on discharge/attach Diet chart if required

SIGNOUTS

- For on-call batch, out going House officer will give written information about their Patient's Active issues and it should include Name of patient, ward/ bed no. Diagnosis, Active issue or pending critical labs. Consultations and procedures. Also include certain criteria to act on e.g. Transfuse one unit packed cell if Hct is less than 28.
- CODE Status must be specified.
- Highlight worrisome patients, issue of concern and suggestions to deal with them

DEATH / EXPIRATIONS

- On being called to pronounce death you must perform certain steps
- On arrival to bed site observe for respirations, auscultate for heart sounds palpate for pulse check pupil and cornea! Reflex.
- Complete death notes on progress sheet and fill death certificate as early as possible.

URGENT THROMBOLYS1S

- In patients with indications for Thrombolysis, every possible effort should be made to achieve urgent Thrombolysis to decrease "door-to- needle-time" in order to save precious myocardium.

OCCUPATIONAL RISKS

- Standard barrier nursing and isolation techniques should be employed in cases of patients with infectious communicable diseases.
- These measures include:
    - o Gloves
    - o Masks
    - o Careful needle / sharp object handling
    - o Prophylaxis in cases of exposure if indicated (e.g. meningococemia)

In case of mishap / exposure, event should be reported to consultant on call, immediately

ACCOUNTABILITY

- In case of an incident, a committee of ward consultant will review the entire case in detail and will decide about warning / penalty.

ETHICAL ISSUES

- Best interest of the patient should be watched, in case of conflict or confusion, issues should be discussed with consultant on call.

CONFIDENTIALITY OF PATIENT'S DATA

- Patient's record and data should be kept confidential to watch his/her interests and diagnosis / prognosis should not be discussed with attendants without permission of patient / close attendant.

SENIOR CONSULTATION

- On call consultant / senior registrar should be contacted on phone if required by the registrar on call. If he/she may request to see the patient then on call consultant should try to attend the patient personally within I hour of the request.

CONSULTATIONS FROM OTHER DEPARTMENTS/ URGENT SCANS

- Consultants and scans should be decided by the duty registrar and call to the respective department should be written with clear indications / exact questions to be asked and urgency of the consultation.

PATIENT TRANSFER TO OTHER FACILITIES

- Once decision is made to transfer the patient to the other hospital for management, contact the concerned doctor / staff there first on telephone and discuss the case in detail and request them to make sure the beds are available for the patient.
- Note down the contact person's name and designation.
- Provide detailed notes on the referral slip.
- Provide ambulance preferably by the hospital through coordination with DMS / CMO, and if patient is serious, a doctor should accompany while transportation.
- Ambulance should be equipped with resuscitation equipment.

RECORD KEEPING

- ER register shall be filled properly with composite diagnosis or relevant differential for every patient.
- Duty registrar will sign register at the end of duty, and counter-signed by covering consultant for that day before morning meeting.

- Record of consultations provided to other department should be kept in the register.
- Death notes for patients who expired in ER should be written in the ER register immediately after the event

DRUGS & INVESTIGATIONS

- List of drugs and lab profile available in hospital for ER patients should be available to each shift of ER staff

DUTY TIMINGS

- House officer = 8 am to 8 pm - second shift 8 pm to 8 am (nm)
- Registrar = 8 am to 8 am (nm) (batch on call should adjust the timings with mutual understanding)

BLS/ACLS TRAINING

- House officers and registrars should be trained in BLS / ACLS before performing duties in ER.

DRESS CODE

- Dressing should be conservative & modest. No informal clothing (jeans & T shirts for mates), party wears or excessive jewelry (for females) is allowed, during duty hours.
- Every doctor should wear neat & clean overall, with properly displayed ID card or Name plate

SOP'S FOR OUT PATIENT DEPARTMENT

- The batch of House Officers on duty will reach the OPD at 8'O' in the morning on OPD days.
- The registrar has to reach the OPD upto 9:00 am after giving the ward report.
- The consultant will reach the OPD upto 9:30 am after attending the morning session.

SOP'S FOR OPD HOUSE OFFICERS

- The house officer will take the history of the patient and write the summary in SOAP format.
- He will discuss the case with registrar and will act accordingly.
- No House Officer is allowed to send any patient without consulting the registrar.
- House Officer can also consult the consultant as per requirement.
- He will write everything clear, Medicines in Capital letter and prescription and will sign the chit & also will write his / her name clearly.

SOP'S FOR OPD REGISTRARS

- Registrar will see all the patients seen by the house officer & will give proper and clear advice, regarding diagnosis, management and education of the patient.
- He will also consult all new patients with consultant and follow up cases if necessary.
- He will admit the patients if required and can send patient to ER for ER management.
- He will be responsible for the proper supervision & guidance of the house officers.
- He will immediately inform the consultant on call for any mishap and try to resolve the issue.

SOP'S FOR OPD CONSULTANTS

- All patients requested by the house officer or registrar will be seen by the consultant.
- He will make a diagnosis of the disease, will teach & train the registrars and house officers and implement the training program for patient care.
- He will keep the discipline and supervise every house officer and registrar.

SOP's FOR INTENSIVE CARE WARD

- Residents/ House officers will perform shift duties (8 Hourly)

All shifts should follow strict timings.

- House officers and residents are primarily responsible for writing daily notes on each of their patients.
- **S.O.A.P. format** should be used for daily notes.
- Drug dosage, side effects and interactions should be checked daily and major points should be noted down in patients' file.

DAILY REVIEWS

- Do IV Lines need to be changed?
- Can IV Meds be changed lo Oral?
- Can you discontinue Foley, NG and IV Cannula?
- Can you advance diet and increase patient's activities?
- Is Patient moving his/ her Bowels?
- Are all meds are adjusted for Renal and Hepatic Failure?
- Every lab test or study needs to be followed up
- When in doubt ask and ask again.

EQUIPMENT, RESUSCITATION DRUGS AND CRASH CART CHECK.

- With the help of duty staff nurse, house officer will daily check for working of equipment, drug availability.
- Resident will counter sign daily checklist for drugs and equipments.
- Any discrepancy should be reported to concerned DMS/AMS in writing and record should be kept for every application.

FOR DISINFECTION FOLLOW DISINFECTION PROTOCOL.

FOR ALL ADMISSIONS, DEATHS FOLLOW SOP FOR WARD PATIENT CARE

SOPS FOR ITC (INTENSIVE CARE UNIT)

1. All shifts should follow strict timings:

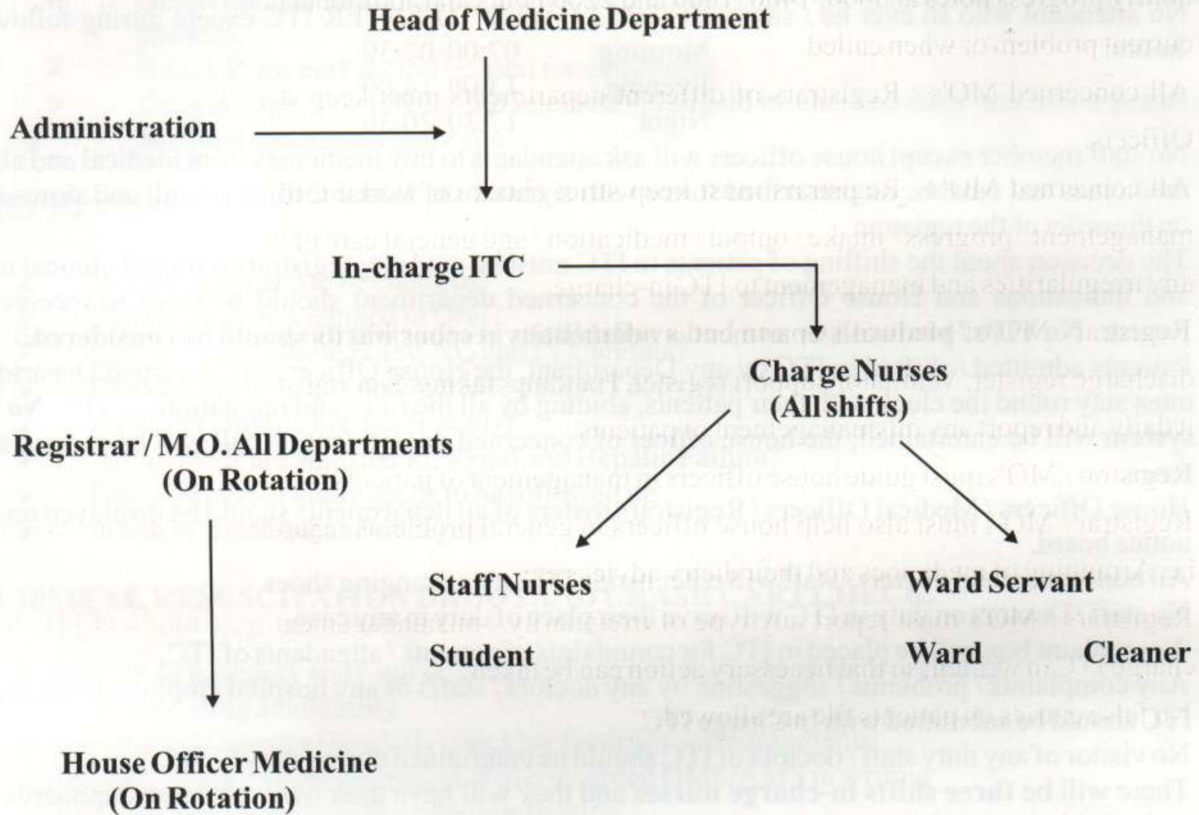
Morning	07:30 14:00
Evening	13:30 20:00
Night	19:30 08:00

2. All fixed ITC staff if possible wear OT dress and doctors will wear gowns.
3. Strict aseptic measures should be taken in ITC i.e. Masks, Gloves, Caps, Shoes etc.
4. No attendant who so ever he / she is NOT ALLOWED TO ENTER ITC except during following hours:

Morning	07:00 07:30
Evening	13:00 14:00
Night	17:30 20:30

5. No staff member except house officers will ask attendants to buy medicines from medical and all the medicines test must be on prescribed forms with signature of House Officer on call and stores only on the order of the registrar.
6. The decision about the shifting of patients to ITC must be made by registrars with full clinical notes and indications and House Officer of the concerned department should be there to receive the patient. **No VIPs / protocols or non bed availabilities in other wards should be considered.**
7. Patients admitted / shifted in ITC by any Department, the House Officers of concerned Department must stay round the clock with their patients, abiding by all the rules and regulations of ITC. **No chit system** will be entertained; the house officer of concerned department on call will be present at all times.
8. House Officers / Medical Officers / Registrars rosters of all departments should be displayed on ITC notice board.
9. All non-concerned doctors / staff will enter inside ITC after changing shoes.
10. No staff / Doctors on duty in ITC will leave their place of duty in any case.
11. A complaint box will be placed in ITC for complaints of patients / attendants of ITC.
12. Any complaints / problems / suggestion by any doctors / staffs or any hospital employee concerning ITC should be submitted with In Charge ITC.
13. No visitor of any duty staff / doctors of ITC should be entertained during duty hours.
14. There will be **three shifts in-charge nurses** and they will have their own medicine cupboards and maintain their record.
15. Morning In-charge staff will also keep stock of linen (All shifts).

FORMATION OF ITC



SOPs FOR (ITC) MEDICAL OFFICERS / REGISTRARS

1. All admission / shifts to ITC should be made by registrars of Medical Departments with full clinical notes and indications.
2. Duty Registrars / MO's of concerned departments must visit their patients in ITC at least have 6 hourly progress notes at 0800, 1400, 1800 and 2200 hours and additional notes in case of some inter-current problem or when called.
3. All concerned MO's / Registrars of different departments must keep strict check on their House Officers.
4. All concerned MO's / Registrars must keep strict check on working of ITC staff concerning the management / progress / intake / output / medication / and general care of their patients, and point out any irregularities and management to ITC in-charge.
5. Registrar / MO of Medical Department is additionally responsible for maintenance of admission / discharge register, Ventilator support register, Handing taking over register of staff nurses, and sign it daily and report any mismanagement of patients.
6. Registrar / MO's must guide house officers in management of patients.
7. Registrar / MO's must also help house officers in general problems regarding patients management i.e. Arranging of medicines and their dietry advices etc.
8. Registrars / MO's must report any type of irregularity / mismanagement in working of ITC to in-charge ITC in written, so that necessary action can be taken.
9. No false entries on patients file are allowed.

SOPs FOR (ITC) HOUSE OFFICERS

1. Duty House Officers from concerned Department must stay in ITC with their patients, all the time and must not leave ITC in any case.
2. Duty timing should be strictly followed.
3. No relieve / replacement without prior permission form concerned registrars and this permission will be submitted to ITC in-charge.
4. All house officers must follow strict aseptic techniques and clothing in ITC.
5. All house officers concerned must keep check on the working of Para-medical staff and report any irregularity to in-charge ITC.

6. All House Officers should check patient's management, feeding, bed care, mouth care, availability of medicines, intake / output charts, and other progress charts.
7. Patient's documents should be efficiently maintained.
8. House Officers are responsible for proper dispatch of investigations and their collection.
9. House Officers are responsible for proper shifting and discharge of patients.
10. A report register will be maintained in which all concerned House Officers will write any irregularity / mismanagement / problems at the end of their duties and get it duly signed by the ITC in-charge and any representative of administration.
11. House Officers of medicine department are additionally responsible for maintenance of admission / discharge / ventilator support registrar.
12. All house officers should clearly write order on progress sheets, including doses, route of administration of different drugs.
13. No false entries on patient file are allowed.
14. No House Officer is allowed to discharge / shift patients in and out of department without prior permission of concerned Registrar.
15. All House Officers are directed to write progress 4 hourly during duty hourly i.e. 0800, 1200, 1600, 2000, 0000, and 0400 hours.

SOPs FOR (ITC) CHARGE NURSES

1. Must follow proper timings and wear OT dress.
2. Responsible for proper working of other students, ward servants, cleaners, and report any negligence to in-charge ITC in written in their duty hours.
3. Responsible for proper functioning of all medical and non-medical equipment and in case of any problem or irregularity must inform in-charge ITC.
4. Responsible for maintenance of proper emergency tray, medicines, LP tray, CVP tray, Cut down set etc.
5. Morning staff is responsible for autoclave and sterilization of equipments.
6. Maintain a report book on daily basis about proper working of ITC, any mismanagement / problems / condition of equipments and performance of staff should be maintained in it.
7. To ensure that no medicines go out form ITC except life saving articles i.e. Laryngoscope / Ambo

bag can be given, but after getting written request.

8. They are responsible in their duty hour for any deficiency in medicines etc and will report immediately to in-charge ITC in written.
9. Make sure that all Para-medical staff will follow their SOPs and in case of failure report in written to ITC in-charge.
10. They must get expense book checked by ITC in-charge on daily basis.
11. Morning staff nurse is also responsible for linen stock of ITC.

SOPs FOR (ITC) STAFF NURSES

1. All staff nurses must have keys of store and bed sheets.
2. Must wear OT dress.
3. Must not leave respective ward and so should not sit at nursing station.
4. Report any non-availability of drugs to concerned house officers and not just write NA on treatment sheet.
5. Must maintain proper intake / output, treatment, and other charts.
6. Report register of staff nurses will also be maintained in which they will write about problems regarding working of students, nurses, ward servants, ward cleaners, availability of medicines and working of equipments.
7. Should take over charge at the start of their duty bed to bed and strictly maintain handling / taking
8. Staff nurses are responsible for feeding, mouth care, and general care of patients.
9. Vital sign charts should be maintained on hourly basis.
10. Intake / output chart should be maintained properly and output should be entered twice daily i.e.; 6:00 AM to 6:00 PM.
11. Should check the proper working of ward servants, ward cleaners, and report any irregularity on report register.
12. In case of any problem regarding patients should immediately inform doctors on duty.
13. Will draw the samples using full aseptic measure and dispatch on register.
14. Check list provided by doctors should be checked and sign by staff nurses.
15. If anything lost or damaged during by any staff. She should be responsible for it.
16. Over should be given by students.